

S 1589

Affordability in Medicare Premiums Act of 2005

Congress: 109 (2005–2007, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jul 29, 2005

Current Status: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S9510)

Latest Action: Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S9510) (Jul 29, 2005)

Official Text: <https://www.congress.gov/bill/109th-congress/senate-bill/1589>

Sponsor

Name: Sen. Bingaman, Jeff [D-NM]

Party: Democratic • State: NM • Chamber: Senate

Cosponsors (10 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Corzine, Jon S. [D-NJ]	D · NJ		Jul 29, 2005
Sen. Durbin, Richard J. [D-IL]	D · IL		Jul 29, 2005
Sen. Feingold, Russell D. [D-WI]	D · WI		Jul 29, 2005
Sen. Harkin, Tom [D-IA]	D · IA		Jul 29, 2005
Sen. Kohl, Herb [D-WI]	D · WI		Jul 29, 2005
Sen. Mikulski, Barbara A. [D-MD]	D · MD		Jul 29, 2005
Sen. Rockefeller, John D., IV [D-WV]	D · WV		Jul 29, 2005
Sen. Lautenberg, Frank R. [D-NJ]	D · NJ		Sep 28, 2005
Sen. Levin, Carl [D-MI]	D · MI		Sep 28, 2005
Sen. Sarbanes, Paul S. [D-MD]	D · MD		Sep 28, 2005

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jul 29, 2005

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Affordability in Medicare Premiums Act of 2005 - Directs the Secretary of Health and Human Services, for each year beginning with 2006, to reduce the monthly Medicare part B (Supplementary Medical Insurance) premium rate for each month in the year for individuals not enrolled in a Medicare Advantage plan so that the aggregate amount of such reductions in the year equals an amount computed according to a specified formula involving reduced payments to Medicare Advantage organizations.

Requires the Secretary, in applying risk adjustment factors to payments to Medicare Advantage organizations, to ensure that such payments are adjusted to reflect the enrollee's health status, including adjusting for the difference between the health status of the enrollee and individuals enrolled under the original Medicare fee-for-service program under Medicare parts A (Hospital Insurance) and B. Requires payments to such organizations, in the aggregate, to reflect such differences.

Eliminates the MA Regional Plan Stabilization Fund (Slush Fund).

Actions Timeline

- **Jul 29, 2005:** Introduced in Senate
- **Jul 29, 2005:** Read twice and referred to the Committee on Finance. (text of measure as introduced: CR S9510)